

Registration District No. 7095

Primary Registration District No. 3770

Registrar's No. _____

1. PLACE OF DEATH: 2

(a) County Moniteau

(b) City or town Rural (Moreau Township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community, Life
years, months or days

8. (a) PRINT FULL NAME David Gish 2011

8. (b) If veteran, name war no

8. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Gish

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February, 27th, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>9</u>	_____ hr. _____ min.

9. Birthplace Moniteau Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER

12. Name George Gish

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mahala Tinkle

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stella Gish

(b) Address Tipton, Mo

17. (a) Burial (b) Date thereof 12-8-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moreau Cemetery

18. (a) Signature of funeral director James C. Oriskany

(b) Address Tipton, Mo

19. (a) 12-8-39 (b) J. C. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Moniteau

(c) City or town Tipton, Mo (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6
year 1939 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 15 to Dec 6, 1939, that I last saw him alive on Dec 5 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate

Due to _____

Due to 51

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. B. Norman (M. D. or other) 1

Address Tipton Mo Date signed 12/7/39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed James E. Richard

Licensed Embalmer No. 2466

P. O. Address Lipton, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.